

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3680
 FACSIMILE: (916) 263-3675
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**PROCTOR REQUEST FORM**

(Candidates from other jurisdictions taking the Uniform CPA Exam in California)

The California Board of Accountancy will consider a request to proctor a candidate from another jurisdiction provided the candidate meets one of the following criteria. **DOCUMENTATION MUST BE PROVIDED WITH THE PROCTOR REQUEST.** Mark the appropriate item below:

- ☐ The candidate or spouse will be enrolled full-time in a college or university during the current exam in California (less than full-time is acceptable, if in the last term prior to graduation). **Mandatory:** The Enrollment Verification Form, which verifies enrollment and the expected graduation date, **MUST** be completed by the school's registrar and included with the request form.
- ☐ The candidate or spouse is permanently employed in another U.S. jurisdiction and will be on a temporary work assignment in California during the current exam. **Mandatory:** The Employment Verification Form, which verifies the dates of the temporary employment, **MUST** be completed by the employer and included with the request form.
- ☐ The candidate or spouse will be on military assignment in California during the current exam. A copy of the military duty orders **MUST** be included with the request form.

PART 1 (To be completed by candidate)

Home Jurisdiction _____ Date of Exam _____

Name of Candidate _____ E-mail Address _____

California Address _____

Daytime Phone () _____ Exam Location: ☐ Pleasanton ☐ Pomona ☐ Sacramento

Subject(s) candidate intends to take: ☐ LPR ☐ AUD ☐ ARE ☐ FARE

Candidates must submit a \$75.00 non-refundable processing fee made payable to California Board of Accountancy with the proctor request form and verification of eligibility to the candidate's home jurisdiction.

Signature of candidate _____ Date _____

PART 2 (MUST be completed and submitted by the Home State Board or Examination Service.)

Candidate ID Number _____

Candidate has been approved to take the CPA Examination? ☐ Yes ☐ No

Does candidate require special ADA or medical accommodations? ☐ Yes ☐ No

Verification submitted: ☐ Enrollment verification ☐ Employment verification ☐ Military orders

Signature _____ Printed Name _____ Date _____

Title _____ Phone Number _____ Email address _____

It is the responsibility of the requesting state or examination service to complete and submit this form, along with the completed Enrollment or Employment Verification Form, or a copy of the military duty orders, and the proctoring fee, to the California Board of Accountancy Out-of-State Coordinator. Requests must be postmarked by April 1 for the May exam, or October 1 for the November exam. Incomplete request packets will be returned to the candidate's home jurisdiction.

PART 3 (To be completed by California)

Verification of eligibility received: ☐ Yes ☐ No Candidate meets criteria:

Fee received: ☐ Yes ☐ No ☐ Yes ☐ No

Request received by deadline: ☐ Yes ☐ No

Proctor request is: ☐ Approved ☐ Denied

Reason for Denial _____

Signature _____ Date _____

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3680
 FACSIMILE: (916) 263-3675
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**ENROLLMENT VERIFICATION for** _____

Exam Date (Month/Year)

I, the undersigned, verify that the following student is enrolled in:

_____, located in _____
 (Name of Institution) (City and State)

Student's Name: _____ SSN: _____

Enrollment status for _____: Full-time ☐ Less than Full-time ☐
 (Term)

Expected graduation date: _____

(Signature)_____
(Printed Name)

(School Seal)

(Title)_____
(Date)**EMPLOYMENT VERIFICATION for** _____

Exam Date (Month/Year)

I, the undersigned, verify that the following employee is permanently assigned to work in _____
 _____ and is on a temporary work assignment in California.
 (Home State)

Employee's name: _____

Company name: _____

Address of permanent work site: _____

Address of temporary work site: _____

Dates of temporary assignment: _____ to _____

(Authorized Signature)_____
(Printed Name and Title)

(Business Card Must Be Stapled Here)

(Phone Number)